DOCUMENT RESUME

ED 231 167 EC 152 662

AUTHOR Judge, Freda C.; Sconiers, Frank
TITLE Data Base for Exceptional Students Including the Sensory Impaired.
PUB DATE Apr 83
NOTE 16p.; Paper presented at the Annual International Convention of the Council for Exceptional Children (61st, Detroit, MI, April 4-8, 1983).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Administration; *Disabilities; Elementary Secondary Education; *Management Information Systems; *Special Education; State Programs
IDENTIFIERS *Alabama

ABSTRACT

The development of the data bank and tracking system used by the Alabama State Department of Education is reviewed. A form to be filled out by the teacher was developed and pilot tested. Problems, including a lack of consistency in student records, were identified. Following passage of P.L. 94-142, the Education for All Handicapped Children Act, the system was reworked and put into place. The Special Tracking System provides data on Child Find, least restrictive environment, as well as other special education areas including competency test modifications (such as low vision aid or interpretation). Sample forms are appended. (CL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

# "DATA BASE FOR EXCEPTIONAL STUDENTS INCLUDING THE SENSORY IMPAIRED"

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Freda C Judge
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED231167

The present Alabama State Department of Education data bank and tracking system has evolved over the past several years, from pencil and paper recordkeeping to a computerized program. The initial data gathering procedure involved teachers who completed the state's TS-III form (Exhibit I in your packet). To successfully complete this form, the teacher had to utilize skills in writing in miniature letters. The only data compiled, summarized and disseminated from this form was the annual state directory showing by system, the number of teachers and students served by exceptionality.

The first attempt at using a computer for special education data began in Alabama in 1975. Three staff members of the State Department of Education (an educational specialist and a doctoral intern from the Program for Exceptional Children and Youth and the head of the educational data processing section) were sent to Baltimore, Maryland, to review the computerization of the special education program data. This pioneer Maryland program provided concrete suggestions and ideas which helped to initiate Alabama's program. The TS-IV form (Exhibit II in your packet) was produced as a result of this visit. The form was probably developed in reverse order. The teacher became the centerpiece of the program. As you review this form, you will see that much basic needed information was gathered from the teacher. The previous student information focus on psychological data was expanded to include dates of referral, testing (psychological, of course) and placement. Data regarding students' sex and race were also included to aid school systems which were having Office of Civil Rights reviews/investigations.

After the form was completed, two Alabama school systems volunteered to pilot the program--one a large urban system and the other, a smaller rural system.

EC152662

Special education teachers were asked to bring to an initial meeting in a centralized location student records from their classes to aid in problem identification. As these teachers began to work, it became apparent that an omission had been made. We forgot to tell the teachers to bring information about themselves! Not one teacher knew his/her certification number. Some could not remember how many collegiate hours they had received in special education. As the teachers began to fill in the student section of the forms, it became very apparent there was another major problem--records had no consistency. Some information was kept in the central office of the system, other information was kept in the principal's office and the teacher had some information in the classroom. For the few teachers who did have all of the needed information in the student's folder, there was no consistent filing order. Following this piloting process, the form was finalized and the state's computer program began using the State Department of Education's linkage into the state's IBM 360 computer. As this program began its first wobbly steps towards creating a data base of special education information, a happening occurred in Washington which changed the direction of data gathering in Alabama as well as across the country--P.L. 94-142 was passed and signed into law.

The use of the computer for data gathering was put "on hold" until the law was reviewed and the final regulations were issued. The work of the TS-IV was not totally lost however--the Teacher Certification Section of the State Department of Education utilized some of the data format as that office began to revise and update its program data base.

The computer programming of data was kept "on hold" until a Bureau of Education of the Handicapped monitoring visit in 1979-80 cited the lack of a statewide tracking system in Special Education. The SETS forms (Exhibit III in your packet) were developed to eliminate this deficit area. (SETS is the acronym for Special Education Tracking System). At the present time, the SETS form is completed as page 1 and 2 of <u>every</u>

Alabama exceptional student's Individual Education Program. (In Alabama, all gifted students must also have a developed I.E.P.)

In addition, most of the other state agencies which provide special education and related services in Alabama, have adopted the use of the SETS form (i.e. the Alabama Institute for Deaf and Blind, the Alabama Mental Health System, etc.). Alabama now has, we feel, more concise and accurate exceptional student data than probably any other state in the country.

The SETS information is key punched onto the computer tape and the scanning of data begins. There are six "critical" information points to be passed before the computer accepts the data and places the student on file. Before the student is accepted for Child Count, (funding purposes for both 94-142 and 89-313) data in fifteen (15) information areas must be in the correct time sequence pattern.

Besides generating the December 1 Child Count and Least Restrictive Environment data required by the Special Education Programs Office, the SETS program meets many other program needs. The annual Blind Roster for the American Printing House is generated by computer. From the SETS forms received from each system, all necessary information needed for the Roster is printed with a certification added to be signed by the local special education coordinator. (Exhibit IV)

Alabama has begun statewide Basic Competency Testing for grades 3, 6, and 9 and from the SPECIFIC SERVICES and RELATED SERVICES fields of the SETS forms, numbers and types of modified tests can be identified and prepared prior to the actual testing dates. Next year, the Alabama High School Graduation Exam will be implemented and again identification of needed test modifications will be of great importance. In particular, the sensory impaired must have the same modifications on these state exams as they now have in their classroom/program exam. By having modifications identified on the student's SETS form (such as low vision aid or interpretation), there

is documentation of the student's needs.

Numerous other reports; Office of Civil Rights reports, local agency reports, State Department of Education reports, etc., are generated throughout the school year.

As with any data base, there are always data requests being made which were not considered when the data base system was designed and implemented. Thus there is always a continuous review of data needs. This is also true with the Alabama SETS forms. During the summer of 1983, there will be a staff review of the content areas of the forms which could result in various deletions and additions.

For additional information about the Alabama SETS form, contact:

Mrs. Patricia H. McLaney, Coordinator
Program for Exceptional Children and Youth
Alabama State Department of Education
Room 868, State Office Building
Montgomery, Alabama 36130

APPROVED FOR PUBLICATION

Patricia H. McLaney

Presented at National CEC Meeting
Detroit, Michigan on Friday, April 8,
1983, by Freda C. Judge and Frank
Sconiers, Education Specialists, Program
for Exceptional Children and Youth,
Alabama State Department of Education

Exhibit I

Form TS III
Revised, August, 1973
State Department of Education
Program for Exceptional Children
Division of Instruction
Montgomery, Alabama 36104

School System

Superintendent

Date

RECORD AND DESCRIPTION OF SPECIAL CLASS, SCHOOL YEAR 19__ - 19__

INSTRUCTIONS: Complete the original and four (4) copies. Mail original, green and pink copies to State Department of Education, Program for Exceptional Children and Youth. File yellow copy with local superintendent and the blue with school principal.

To calculate the mental age (M.A.): Change C.A. to months, multiply by I.Q., divide by 12.

School

Coordinator of Special Education

Teacher

Exceptionality (EMR, Speech, TMR, etc.)

Principal

Is teacher certified in Special Education? yes__ no__; if no ___ yrs. hrs. completed. If yes, in what exceptionality _____

Please indicate below the funding source of this unit: (Check One)

Minimum Program (State) ___ Title I ___
Vocational Education ___ Title III ___
Other _____ Title VI ___

Is this a comp class, VR, VP, Spe. Ed.? yes__no__

All children on this list requiring a psychological have been tested by a state approved psychometrist: (Check One) yes__no__

| Name of Pupil (Last Name First) | Chronological Age | | Sex | Psychological Diagnosis | | | | Medical Diagnosis | Check If New Admissions | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | Yrs. | Mos. | | Test Admin. | Date Admin. | I.Q. | Mental Age | List Major (Physical Defects) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

6

7

Alabama State Department of Education
Division of Instruction
Program for Exceptional Children and Youth
Montgomery, Alabama 36130

RECORD AND DESCRIPTION
OF SPECIAL CLASSES

SYSTEM AUTAUGA SCHOOL PRATTVILLE ELEM 417089250 110175

MCCLAIN MARGARET S 1

123456 1 027 510 X7J3D288 01 C

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 1 | 4 | 110660 | 21 | | 4 | |

DOE JANE

6951 MORGAN AVE BIRMINGHAM

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 35215 | 1174 | 3 | 011275 | | 1075 | 1175 | 000 | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2 | 3 | 011063 | 22 | | 3 | |

SMITH JOHN

RT 16 BOX 999 ALEX CITY

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 35010 | 0575 | 3 | 000000 | | 3 | 000 | 0975 | 000 | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 1 | 3 | 112670 | 63 | | 1 | |

JONES FRANCES

0926 BALDWIN RD GUNTERSVLE

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 35976 | 1075 | 6 | 000000 | | 3 | 000 | 1175 | 000 | | | |

SPECIMEN

Exhibit II

Exhibit III-Part I

REPORT: SETH210 ALABAMA STATE DEPARTMENT OF EDUCATION PREPARED: 01/28/81
PAGE: 1 SPECIAL EDUCATION TRACKING SYSTEM AS OF: 01/29/81
INDIVIDUALIZED EDUCATION PROGRAM

NAME: _____ - 000000 DATE OF INITIAL IEP IMPLEMENTATION: / /

ACTION: ADD * DATE OF ENROLLMENT AT PRESENT SCHOOL/OTHER AGENCY: / /

## GENERAL INFORMATION

| | CURRENT | UPDATE |
|---|---|---|
| LEA - OTHER AGENCY | 000 | |
| SCHOOL | 0000 | |
| TEACHER | 000000000-00 | |
| GRADE | 00 | |
| DATE OF BIRTH | 00/00/00 | / / |
| SEX | 0 | |
| RACE/ETHNIC BACKGROUND | 0 | |
| ENGLISH SPEAKING | 0 | |
| PUBLIC OR NON-PUBLIC SCHOOL | 0 | |
| FEDERAL FUNDING | 0 | |
| REFERRAL DATE | 00/00/00 | / / |
| PERMISSION TO EVALUATE DATE | 00/00/00 | / / |
| NOTIFICATION OF PARENTAL RIGHTS | 00/00/00 | / / |
| PRESENT LEVEL OF PERFORMANCE SUMMARY | 00/00/00 | / / |

| | CURRENT | UPDATE |
|---|---|---|
| ELIGIBILITY DETERMINATION | 00/00/00 | / / |
| IEP MEETING NOTICE | 00/00/00 | / / |
| IEP MEETING | 00/00/00 | / / |
| PLACEMENT PERMISSION | 00/00/00 | / / |
| IEP IMPLEMENTATION FROM: | 00/00/00 | / / |
| IEP IMPLEMENTATION TO: | 00/00/00 | / / |
| 3-YEAR REEVALUATION NOTICE | 00/00/00 | / / |
| 3-YEAR REEVALUATION DUE DATE | 00/00/00 | |
| ANNUAL IEP REVIEW DATE | 00/00/00 | |

| TIME SPENT IN SPECIAL EDUCATION PROGRAMS | X | CODE |
|---|---|---|
| LESS THAN 10 HOURS PER WEEK | | 1 |
| MORE THAN 10 HOURS PER WEEK BUT LESS THAN FULL TIME | | 2 |
| FULL TIME | | 3 |

## EXCEPTIONALITY

| TYPE OF EXCEPTIONALITY | PRI | SEC | CODE |
|---|---|---|---|
| DEAF | / | | 01 |
| DEAF/BLIND | / | | 02 |
| HARD OF HEARING | / | | 03 |
| EDUCABLE MENTALLY RETARDED | / | | 04 |
| TRAINABLE MENTALLY RETARDED | / | | 05 |
| PROFOUNDLY MENTALLY RETARDED | / | | 06 |
| MULTIHANDICAPPED | / | | 07 |

| TYPE OF EXCEPTIONALITY | PRI | SEC | CODE |
|---|---|---|---|
| ORTHOPEDICALLY IMPAIRED | / | | 08 |
| OTHER HEALTH IMPAIRED | / | | 09 |
| EMOTIONALLY DISTURBED | / | | 10 |
| SPECIFIC LEARNING DISABILITY | / | | 11 |
| SPEECH IMPAIRED | / | | 12 |
| VISUALLY HANDICAPPED | / | | 13 |
| GIFTED | / | | 14 |

** TOTAL EXCEPTIONALITIES CHECKED --

## SCREENINGS/EVALUATIONS

| | CURRENT | UPDATE |
|---|---|---|
| VISION | 00/00/00 | / / |
| HEARING | 00/00/00 | / / |
| INTELLECTUAL TEST DATE AND CODE | 00/00/00-0 | / / - |
| PSYCHOMETRIST | 0000 | |
| BEHAVIORAL/SOCIAL | 00/00/00 | / / |
| EDUCATIONAL ACHIEVEMENT | 00/00/00 | / / |
| OBSERVATION SUMMARY | 00/00/00 | / / |
| DISADVNTG CHKLST | 00/00/00 | / / |
| DIAGNOSTIC READING | 00/00/00 | / / |
| DIAGNOSTIC MATHEMATICS | 00/00/00 | / / |
| LANGUAGE | 00/00/00 | / / |
| SPEECH | 00/00/00 | / / |
| MEDICAL | 00/00/00 | / / |
| MOTOR ASSESSMENT | 00/00/00 | / / |
| CREATIVITY ASSESSMENT | 00/00/00 | / / |
| DEVELOPMENTAL SCALE | 00/00/00 | / / |
| AUDITORY PERCEPTION | 00/00/00 | / / |
| VISUAL PERCEPTION | 00/00/00 | / / |
| VOCATIONAL ASSESSMENT | 00/00/00 | / / |
| OTHER | 00/00/00 | / / |

** TOTAL NUMBER UPDATED --



BEST COPY AVAILABLE

Projected Checkpoint Date

In the space provided, list the projected date (month, day, year) by when each goal and objective will be evaluated.

Realistically, it is difficult to plan evaluation dates months in advance for a specific day. Therefore, the dates given are those projected dates when the evaluation will have been completed.

Date/Degree of Mastery

This space is used to record the degree of mastery of each goal or objective by a projected date, i.e., 100%, 8 of 10, etc. Some teachers may wish to place the date when each objective or goal has been accomplished.

Page Number

Place the page number in the space at the top of the page.

Exhibit III Part II

NAME: _____, _____ - 0000000 PAGE: 2

## LEAST RESTRICTIVE ENVIRONMENT

| TYPE OF ENVIRONMENT | X | CODE |
|---|---|---|
| REGULAR CLASS / INDIRECT SERVICES | | 01 |
| REGULAR CLASS / DIRECT SERVICES | | 02 |
| REGULAR CLASS / RESOURCE ROOM | | 03 |
| SELF-CONTAINED / PART-TIME / REGULAR CLASS | | 04 |
| SELF-CONTAINED / REGULAR SCHOOL / INTERACTION WITH NON-EXCEPTIONAL PEERS | | 05 |
| SELF-CONTAINED / REGULAR SCHOOL / NO INTERACTION WITH NON-EXCEPTIONAL PEERS | | 06 |
| SELF-CONTAINED / PUBLIC DAY SCHOOL | | 07 |
| SELF-CONTAINED / PRIVATE DAY SCHOOL | | 08 |
| PUBLIC RESIDENTIAL | | 09 |
| PRIVATE RESIDENTIAL | | 10 |
| HOME / HOSPITAL | | 11 |
| OTHER | | 12 |
| ** TOTAL ENVIRONMENTS CHECKED | __ | |

## OTHER SPECIFIC SERVICES

| | REG CD | SP CD | | REG CD | SP CD |
|---|---|---|---|---|---|
| LANGUAGE ARTS | 1 | 2 | FINE ARTS | 1 | 2 |
| MATHEMATICS | 1 | 2 | PHYS ED | 1 | 2 |
| SOCIAL SCIENCE | 1 | 2 | OTHER | 1 | 2 |
| NATURAL SCI | 1 | 2 | ** TOTAL CHECKED | __ | |

## SPECIFIC SERVICES

| TYPE OF SPECIFIC SERVICE | X | CODE |
|---|---|---|
| ADAPTED PHYSICAL EDUCATION | | 01 |
| ON-THE-JOB TRAINING | | 02 |
| DRIVER EDUCATION | | 03 |
| BEHAVIOR MGMT TRAINING | | 04 |
| VISION MOBILITY TRAINING | | 05 |
| SPEECH / LANGUAGE | | 06 |
| AUDITORY TRAINING | | 07 |
| SELF-HELP SKILLS | | 08 |
| COMMUNITY LIVING SKILLS | | 09 |
| ACCELERATION | | 10 |
| REGULAR TRANSPORTATION | | 11 |
| REGULAR NON-INSTRUCTIONAL ACTIVITIES | | 12 |
| REGULAR HOMEROOM | | 13 |
| DEAF COMMUNICATION | | 14 |
| BRAILLE INSTRUCTION | | 15 |
| REGULAR VOCATIONAL ED | | 16 |
| SPECIAL VOCATIONAL ED | | 17 |
| OTHER | | 18 |
| ** TOTAL SERVICES CHECKED | __ | |

## RELATED SERVICES

| TYPE OF RELATED SERVICE | X | CODE |
|---|---|---|
| AUDITORY TRAINING | | 01 |
| COUNSELING | | 02 |
| EARLY IDENTIFICATION | | 03 |
| MEDICAL | | 04 |
| OCCUPATIONAL THERAPY | | 05 |
| PARENT COUNSELING/TRAINING | | 06 |
| PHYSICAL THERAPY | | 07 |
| PSYCHOLOGICAL SERVICES | | 08 |
| RECREATION | | 09 |
| SCHOOL HEALTH SERVICES | | 10 |
| SOCIAL WORK | | 11 |
| SPEECH PATHOLOGY | | 12 |
| SPECIAL TRANSPORTATION | | 13 |
| SPECIAL EQUIPMENT OR MOD | | 14 |
| SPECIAL/ADDITIONAL SUPPLIES | | 15 |
| CURRICULUM MODIFICATION | | 16 |
| LOW VISION AID | | 17 |
| INTERPRETER | | 18 |
| OTHER | | 19 |
| ** TOTAL SERVICES CHECKED | __ | |

## COMPLETE FOR VISUALLY HANDICAPPED AND DEAF/BLIND PRIMARY EXCEPTIONALITIES

| PRIMARY READING MEDIUM | X | CODE | PRIMARY READING MEDIUM | X | CODE | | CURRENT | UPDATE |
|---|---|---|---|---|---|---|---|---|
| BRAILLE | | 1 | LARGE TYPE/INK | | 4 | OS VIS ACUITY | 00/000 | |
| BRAILLE/LG TYPE | | 2 | REGULAR INK | | 5 | CD VIS ACUITY | 00/000 | |
| LARGE TYPE | | 3 | AURAL | | 6 | GR/READING LEV | 00-00 | |
| | | | ** TOTAL NUMBER UPDATED | | __ | | | |

## IEP COMMITTEE

PARENT: _____ DATE: _____

LEA REP: _____ DATE: _____

TEACHER: _____ DATE: _____

OTHER: _____ DATE: _____



BEST COPY AVAILABLE

SPECIAL EDUCATION TRACKING SYSTEM (SETS)

AND

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Instructions for Completion

Initial completion of the form is extremely important since much of the information will not have to be given again. Accuracy is very important! After this form is completed one time, it will require alteration only when a change occurs or when a student is deleted or transfers.

To help insure accuracy, each area of the form is explained below:

Name

Last name, first name, and middle initial should be included.

Action

For initial completion of this form, the ACTION for all students will be "ADD." On all subsequent forms, three options are provided:

1. Change - Mark this space if one or more parts of the SETS/IEP are updated.
* 2. Delete - Mark this space if the student has moved out-of-state, graduated, no longer requires special education, failed to meet eligibility requirements, or for some other reason has left the LEA/Other Agency.

   * Special Note: Do not delete the student unless you are sure he/she has not moved to another LEA/Other Agency in Alabama. If the student transfers within Alabama, the "receiving" LEA/Other Agency will mark transfer. The sending LEA/Other Agency does not mark anything. SETS will automatically delete the student.

3. Transfer - Mark this space if you are the "receiving" LEA/Other Agency of a special education student moving from another LEA/Other Agency in Alabama.

REPORT: SETR290
PAGE: 31

ALABAMA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION TRACKING SYSTEM

PREPARED: 01/14/83
AS OF: 12/01/82

Exhibit IV

ACTIVE BLIND ROSTER

LEA:

| STUDENT NAME | TRACKING NUMBER | APH NUMBER | OS | OD | PRIM MED | GR/RD | DEL SINCE LAST YEAR | NEED APH NO |
|---|---|---|---|---|---|---|---|---|
| * | 315 | | 20/200 | 20/200 | 4 | 00-00 | | ***** |
| | 931 | | 20/200 | 20/200 | 4 | 00-00 | | ***** |
| | 323 | 10240 | 20/200 | 20/200 | 4 | 00-00 | | |
| | 358 | 11826 | 20/200 | 20/200 | 1 | 00-00 | | |
| | 374 | 42966 | 20/200 | 20/200 | 2 | 00-00 | | |
| | 382 | 76238 | NIL | 20/700 | 1 | 00-00 | | |

* NUMBER OF STUDENTS LEGALLY BLIND LAST YEAR: 4

* ADD: NEW PRINTING HOUSE NUMBERS REQUIRED: 2

* SUBTRACT: OLD PRINTING HOUSE NUMBERS DELETED: 0

* TOTAL ACTIVE BLIND STUDENTS: 6

I CERTIFY THAT THE ABOVE STUDENTS WERE ENROLLED IN AN EDUCATIONAL PROGRAM ON OR BEFORE JANUARY 3, 1983

SIGNATURE OF COORDINATOR/DIRECTOR _____ DATE _____

*In order to verify legal blindness of the above student(s), this office must have a copy of the eye specialist's report on file. Please attach copy of eye report(s), and return before February 16, 1983, to Mr. Frank Sconiers, Education Specialist, Program for Exceptional Children and Youth, Room 868, State Office Building, Montgomery, Alabama 36130.

PRIMARY READING CODES:
BRAILLE 1, BRAILLE/LG TYPE 2, LARGE TYPE 3, LARGE TYPE/INK 4, REGULAR INK 5, AURAL 6